

# CITY OF MARIETTA / BLW APPLICATION FOR EMPLOYMENT

205 LAWRENCE STREET / P.O. BOX 609 MARIETTA, GA 30061

Phone: (770) 794-5562 / Fax: (770) 794-5565

Job Line: (770) 794-5571 / Web Address: www.mariettaga.gov

A separate application or resume must be submitted for each position. The application must be filled out <u>completely</u>. We consider applicants for all positions without regard to race, religion, color, national origin, marital or veteran status, sex, age, or disability.

origin, marital or veteran status, sex, age, or disability.  Date:										
SECT	ΓΙΟΝ A: POSI		THICH YOU ARE APPL	YING						
Position Name:		Departme	Department:			Job Number:				
SECT	ΓΙΟΝ B: APPL	ICANT INFO	ORMATION							
Last 1	Name		First	MI	Social Se	curity Nu	mber			
Stree	t Address				Home Ph	one Numl	ber			
City			State	Zip	Business	/Pager Nu	ımber			
1.	When will you	be available f	or employment?							
2.	Have you ever	been employe	d by the City of Marietta	BLW?		Yes □	No □			
	If yes: Positio	n Held	Department_		Separatio	on Date				
3.	Do you have a	ny relatives cu	rrently employed by the C	City of Marie	tta / BLW?	Yes □	No □			
	If yes: Name		Relationship	)	Depart	ment				
4.	Have you ever	been a member	er of the Armed Forces?			Yes □	No □			
	From:	To:	Branch of Service	Тур	e of Dischar	ge:				

5. Have you ever been convicted of, or pleaded guilty to a felony or misdemeanor, other than a						than a		
		Yes □ No □ l as a disqualificat			ent. Failure to provi 1 seek.	ide <u>complet</u>	<u>e</u>	
If Yes: When:	If Yes: When:							
For What:	If Yes: When: Where: For What:							
If Yes: When:			Where:					
For What:								
*Ca	onviction of a	crime will not nec	essarily di	squalify you	from employment.			
SECTION B: EDUCAT information may result position you seek.)								
Are you a high school gra	iduate? Ye	es 🗆 No 🗆	]	If not, do y	ou have a GED?	? Yes □	No □	
High School Name/Addre	ess:							
College/University/ Technical School		Major Course		Years	Type of	Did		
Technical School		Of Study	1	Completed 2 3 4	Degree	Grad		
			1	2 3 4		☐ Yes	□ No	
			1	2 3 4		☐ Yes	□ No	
						☐ Yes	□ No	
Certifications/Cont. Ed./Other	School or Organization			Date Received				
<b>SECTION C: WORK I</b> Start with your current or in		ioh IMPORT	'ANT· T	O BE CO	NSIDERED FOI	R EMPLO	VMENT	
YOU MUST COMPLET	TE THIS S	SECTION INC	CLUDING	G ALL D	ATES AND SA	LARY H	ISTORY	
PLEASE SPECIFY ALL YOU ARE APPLYING.	DUTIES AI	ND JOB SKILL	LS THAT	' RELATE	TO THE POSIT	TION FOR	R WHICH	
Organization/Firm		Street Address			City	State	Zip	
From Mo/Yr To Mo/Yr Telephone			Supervisor	's Name and	l Phone Number			
Job Title:								
Describe Specific Job Duties	:							
Starting Salary Ending Salary			Reason for Leaving					

## **SECTION C: WORK HISTORY (CONTINUED)**

Organization/Firm			Street Address		City		State	Zip
From Mo/Yr To Mo/Yr Telephone		<u>I</u>	Supervisor's Name and Phone Number			1		
Job Title:		<u> </u>						
Describe Spec	rific Job Duties	5:						
Starting Salary	y	Ending Salar	y	Reason for Leaving				
Organization/I	Firm		Street Add	ress	City	State	2	Zip
From Mo/Yr	From Mo/Yr   To Mo/Yr   Telepho			Supervisor's Name and Phone Number		er		
Job Title:								
Describe Spec	eific Job Dutie	S:						
Starting Salary	y	Ending Sala	ry	Reason for Leavin	ng			
Organization/Firm			Street Address		City	State	2	Zip
From Mo/Yr To Mo/Yr Telephone			I	Supervisor's Name and Phone Number				
Job Title:								
Describe Spec	eific Job Dutie	S:						
Starting Salary Ending Sal			ry	Reason for Leaving				
f you need a	additional s	pace, please	continue or	n a separate she	et of paper.			
SECTION E	. CKILL C	AND TRAI	NINC					
ECTION E	z: SKILLS	AND I KAI	NING					
List any spec which you ar		qualifications	s or certifica	ations you have	gained which r	relate to	the po	sition

### **SECTION E: PERSONAL REFERENCES**

Give names and addresses of three people, not related to you, who have knowledge of your work skills, experience and ability.

NAME	ADDRESS	PHONE #	OCCUPATION

City of Marietta / BLW Is An Equal Opportunity Employer

SECTION F: APPLICANT'S STATEMENT

#### AUTHORIZATION FOR RELEASE OF PERSONAL RECORDS

I authorize a full background investigation of all information contained in or attached to this application including contacting any or all employers, personal references or others who may have knowledge of my experience, skills and personal attributes. I certify that any entity or individual who releases any record consistent with this authorization shall not be held accountable for releasing any record or records and expressly release any entity or individual from any or all liability which could be incurred as a result of releasing said record or records.

I have read the foregoing and understand its contents. I also understand that the City of Marietta/BLW requires that I verify as true and accurate all information submitted by me on any application for employment. By my submission of this on-line application, I am declaring all information submitted is true and correct, just as though my signature were placed on this application to verify same. I further understand that misrepresentation or omission of facts or information may result in disqualification for the position applied for, or if employed, disciplinary action up to and including dismissal.

Please attach any additional information with your application which you feel will help in the evaluation of your qualifications. Before you turn in your application to the Personnel Department, re-check your application to make sure it is correct and complete. Any offer of employment may be contingent on passing a criminal and/or credit check, drug/alcohol screen, and/or physical examination.

#### FOR PERSONNEL DEPARTMENT USE ONLY

Driver's License Number:	Expiration Date:		
State Issued:	Class:		
Signature of Person Verifying Information:	Date:		